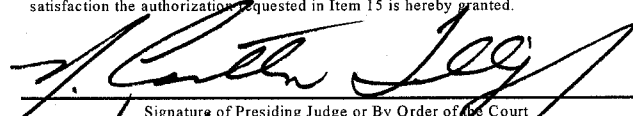


CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

| | | | | | |
|--|----------------------|--|--|---|-------------------------|
| 1. CIR./DIST./DIV. CODE 1:08-CR-369-2 | | 2. PERSON REPRESENTED Tommy Lewis Bennett, Jr. | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER | | 5. APPEALS DKT./DEF. NUMBER 10/4422 | |
| 7. IN CASE/MATTER OF (Case Name) US v. Bennett | | 8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal | | 9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other | |
| 10. REPRESENTATION TYPE (See Instructions) | | | | | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC 851(a)(1) and 21 USC 812 | | | | | |
| REQUEST AND AUTHORIZATION FOR TRANSCRIPT | | | | | |
| 12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Appeal before the Fourth Circuit | | | | | |
| 13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Hearing for Correction of Record on Appeal on July 29, 2011 at 2:00 p.m. | | | | | |
| 14. SPECIAL AUTHORIZATIONS | | | | | JUDGE'S INITIALS |
| A. Apportioned Cost _____ % of transcript with (Give case name and defendant) | | | | | |
| B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited | | | | | |
| C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions | | | | | |
| D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act. | | | | | |
| 15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. /s/ Jennifer Haynes Rose Signature of Attorney Jennifer Haynes Rose Printed Name Telephone Number: (919) 816-8177 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization | | | 16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  Signature of Presiding Judge or By Order of the Court 8/12/2011 Date of Order Nunc Pro Tunc Date | | |
| CLAIM FOR SERVICES | | | | | |
| 17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Transcriber <input type="checkbox"/> Other | | | 18. PAYEE'S NAME AND MAILING ADDRESS Jane Calhoun c/o PO Box 2708 Greensboro, NC 27402 Telephone Number: _____ | | |
| 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE | | | | | |
| 20. TRANSCRIPT | INCLUDE PAGE NUMBERS | NO. OF PAGES | RATE PER PAGE | SUB-TOTAL | LESS AMOUNT APPORTIONED |
| Original | | | | | |
| Copy | | | | | |
| Expense (Itemize) | | | | | |
| TOTAL AMOUNT CLAIMED: | | | | | |
| 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____ | | | | | |
| ATTORNEY CERTIFICATION | | | | | |
| 22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk Date _____ | | | | | |
| APPROVED FOR PAYMENT — COURT USE ONLY | | | | | |
| 23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court Date _____ | | | | | 24. AMOUNT APPROVED |

1808/JC

